Co. Reg. No. 2001/029904/07 Org. Reg. No. 1259

BROKER APPOINTMENT/SERVICE AGREEMENT
HEAD OFFICE ☎012 664 6470

MEDICUS PRETORIA: 012-664 1376	FIVAZ BROKERS BLOEMFONTEIN: 051-522 8565	MEDKONSULT PE PORT ELIZABETH : 041- 586 2824	MEDICUS RUSTENBURG: 082 4447220	H&H INSURANCE MEYERTON:016- 362 0522
MEDICUS NYLSTROOM: 072 356 9259	ICON MAKLEAARS UPINGTON: 084 438 0522	MMR BROKERS VREDENDAL :027-2133043	MEDKONSULT GOERGE: 044-874 1882	PENTA MAKELAARS ERMELO:017-8192268

……
(herein referred to as "the broker")

AND

FULL NAME/S: …….. SURNAME: ……

ID NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Herein referred to as "the member"

WHEREAS:

The member appoints the broker as the sole healthcare broker of the member and the broker is agreeable to the appointment. The parties wish to record the agreement in writing

NOW THEREFORE IT IS AGREED AS FOLLOWS:

The member grants the broker the right to provide products, services and advice in respect of funeral benefits, prefunder benefits, membership of medical schemes, medical top up cover and/or medical gap cover. The broker will render services to the member according to the service level specifications contained in the Medical Schemes Act and Regulations. The member is agreeable to the professional fee payable directly to the broker in respect of the products and professional services that the broker will render to the member

The member and the broker shall be entitled to terminate this agreement by giving three months written notice thereof.

SIGNED AT ……..ON THIS ……DAY OF ……20……

……	……	……
THE MEMBER	THE BROKER	CMS NUMBER

PRODUCTS (PLEASE TICK ✔)

OMNIHEALTH	☐	COMMED	☐	ALLCARE	☐	HOSMED	☐
BONITAS	☐	MUNIMED	☐	SELFMED	☐	TOPMED	☐
NIMAS	☐	DISCOVERY	☐	FEDHEALTH	☐	LIBERTY	☐

MEDICAL SCHEME CONTRIBUTION	☐	ADVANCE ☐ ARREARS ☐	☐☐☐☐•☐☐
MEDKONSULT MEDICAL GAP COVER	☐		☐☐☐☐•☐☐
HWU MEMBERSHIP AND FUNERAL COVER	☐		☐☐☐☐•☐☐
PROFESSIONAL FEE (MONTHLY)	☐		☐☐☐☐•☐☐
TOTAL			☐☐☐☐•☐☐

Debit order and payment authorization:

Policy Number	
Commencement Date	D D M M C C Y Y Deduction day D D
Bank	
Branch Name	
Branch Code	
Acc Number	
Type of Account ✔	☐ Current(Cheque) ☐ Transmission ☐ Savings
Account Holder	

If cheque account, a cancelled blank or used cheque must be attached.

If transmission/savings account, documentary evidence of the account number must be produced.

DEBIT ORDER AUTHORITY:

I authorize Medicus to draw the contribution from my bank/building society account. I further authorize Medicus to increase the amounts due to it, from time to time and authorize my bank to effect payment as such increased amounts upon receipt of a written notice from Medicus stating the increased amount and the date from which it is payable. This authorization is to remain in force until I cancel it by giving 30 days written notice to Medicus. I agree I am not entitled to recover any amount drawn from my account by means of this debit order and that, should my bank/building society repay such amounts to me, I will refund it immediately to Medicus. I undertake to notify Medicus immediately of any change in respect of my address or bank/building society. I acknowledge that Medicus may not cede or assign any of their right to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this contract to any third party without prior written consent of the authorized party.

ACCOUNT holders Signature _____Date _____20___

Surname	
Initials	
Title	
Date of Birth	
ID Number	
Language	
Postal Address	
Residential Address	
Marital Status	
Tel(w)	
Tel(h)	
Fax	
Cell	
E-mail	
Inception Date	
Retirement Age	

Dependants	First Name	Date of Birth	Relationship
Surname			

Employee Number	
Employee name/division/branch	
1. Are you a member of a registered Medical Aid?	Y N
2. Medical aid scheme name?	
3. Medical aid number?	